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TRANSMITTAL FORM (to be used for all correspondence after initial filling)		s are required to respond to a coll Application Number Filing Date First Named Inventor Art Unit Examiner Name	10/009,43 November	ormation unless it displays a valid OMB control number. 9, 2001 ard Cowper
Total Number of Pages in This Submission	30	Attorney Docket Number	MA83-002	
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	FRemar	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence And Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD tks for one-month extension of time	ddress	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Check; PTO Return Receipt Postcard
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT				

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Wells St. John P.S.

Deepak Malhotra

Nov

2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective 10/01/2004. Patent fees are subject to annual revision.

✓ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$) 235.00

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Complete if Known			
Application Number	10/009,435		
Filing Date	November 9, 2001		
First Named Inventor	Brian Edward Cowper		
Examiner Name	Michael J. Kyle		
Art Unit	3676		
Attorney Docket No.	MA83-002		

Check	METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)					
Poposit Accounts							
Deposit Account Number Num		1 					
Number Deposit Account Wells St. John P.S. Wells St. John P.S. Wells St. John P.S. 1051 130 2051 65 52 525 525 5	Deposit On accor		ee Paid				
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Charge any additional fee(s) or any underpayment of fee(s) Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. FEE CALCULATION 1. BASIC FILING FEE Large Entity Small Entity Fee Fee Fee Fee Fee Fee Fee Fee Formulating fee 1001 790 2001 395 Utility filing fee 1002 350 2002 175 Design filing fee 1004 790 2004 395 Reissue filing fee 1005 160 2005 80 Provisional filing fee 1006 160 2005 80 Provisional filing fee 1006 160 2005 80 Provisional filing fee 1007 170 170 Notice of Appeal 1008 170 Fee Paid 170 Notice of Appeal 170 Not		1812 2,520 1812 2,520 For filing a request for ex parte reexamination					
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	**or number previously paid, if greater; For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 235.00	<u> </u>				

SUBMITTED BY			(Complete (if applicable))			
Name (Print/Type)	Deepak Malhotra	Registration No. (Attorney/Agent)	33,560	Telephone	509-624-4276	
Signature	7			Date	Nov 4, 2004	

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